

Ergonomic Checklist for Employees and Supervisors

Request Information:

Employee Name:

Date:

Job Title:

Supervisor Name:

Division:

Telework/Office Location:

The first section contains items to be completed by the supervisor or manager. Supervisors should remember to be proactive and promote a healthy workplace.

The second section is a checklist for existing and new employees. Hiring managers will:

- Provide a link to this checklist to the new employees as part of their onboarding process
- Provide as part of the telework process, and
- Follow-up to assist with tasks as needed and verify completion

Supervisory Section:

Supervisors are responsible for ensuring their employees receive the following: (please check off items as they are completed.)

Technology needs and resources to review

Identify technology staff use in their daily work and determine whether the resources will be accessible when working from home

Ensure employees know how to access technical support should they need assistance

Encourage ergonomic comfort and provide resources

[L&I Video-Office Ergonomics](#)

Additional resources available through L&I and DES Learning Center (*as applicable*)

Telework ergonomic self-assessment document (*if agency does not have an ergonomic specialist providing this information*)

How to request an ergonomic assessment if experiencing discomfort

Supervisor check-in on employee's comfort (between 3-6 weeks after employee has reviewed and completed all necessary ergonomic training and resources)

Verify with employee the following have been completed:

Reviewed orientation documents

Telework/Ergonomics Training

Reviewed Agency's Telework and Ergonomics Policies

Review Ergonomic report (If applicable):

Approved equipment is ordered through agency procedure

Send reasonable accommodation policy and refer to HR if equipment recommendation is beyond standard agency equipment list

Check back within 2 to 4 weeks to ensure employee received the equipment and is comfortable

Employee should complete the following:

Document any equipment issued by the agency and acknowledge any requirements for care

Complete all requirements for adequate and safe office space at home. The supervisor reviewed with the employee, and employee certifies that those requirements have been met

Familiarize themselves with the Agency's requirements and expectations for computer information security and has received a copy of and has read the necessary Information Security Requirements and Guidelines

As a supervisor, if you are made aware, during regular check-ins, leave slips or some other avenue, the employee may be having physical discomfort refer them to agency ergonomics specialist/resources and/or Human Resources as they may need an ergonomic assessment. This is important to avoid injury and possible L&I Claim.

Employee Section:

Ergonomics is a very important part of ensuring your ongoing ergonomic health as part of employment with this agency.

Employee Responsibilities

Make sure your work area is set up properly and that you have the needed equipment. You will need to work with your supervisor to ensure this occurs

Take all required ergonomics training and complete your on-line ergonomic assessment

To Maintain Your Ergonomic Health

If you are experiencing discomfort, do not wait. Let your supervisor know right away

If needed, request an ergonomic evaluation by an ergonomist or designated agency representative

Required Training

(as determined by the individual agency)

DES – Mobile Work for Employees training (to be developed)

[LNI Training](#)

Agency internal training

Resources

Working from home. Here's some information to help you stay comfortable and productive:

[Ergonomics for Home Offices](#)

[Home Office Self-Assessment](#)

[Work From Home Options](#)

[Don't bend, don't break: Setting up a safe and healthy workspace for teleworking](#)

Applicable Regulatory Resources

[Executive Order 16-07 Building a modern work environment](#)

[Collective Bargaining agreement](#) - Represented employees

Agency Policies on Telework and ergonomics

Agency Policies on Employer furnished equipment, property and supplies

Signatures:

Employee Name:

Position:

Signature:

Date:

Please type your full name in the signature fields. Do not use E-sign features or insert signature images.

Comments:

Supervisor Name:

Position:

Signature:

Date:

Please type your full name in the signature fields. Do not use E-sign features or insert signature images.

Additional Comments: